

Nevada State Health Division

Ryan White Part B Eligibility

Background

- 2006 Diagnostic Site Visit
- Several improvements since 2006
- Requested TA to improve eligibility procedures

Objectives of TA

- Assess compliance w/ HRSA requirements
- Identify best practices
- Survey other states for trends
- Conduct key informant interviews
- Identify options
- Present report to State AIDS Task Force

Major TA Activities

- Interviewed NSHD staff
- Interviewed AFAN & Access to Healthcare
- Surveyed 24 states
- Interviewed Project Officer
- Interviewed NASTAD
- Interviewed ARIES

Survey of States



24 States Surveyed

- Arizona
- Arkansas
- California
- Colorado
- Florida
- Idaho
- Illinois
- Indiana
- Kansas
- Kentucky
- Minnesota
- Missouri
- Montana
- New Mexico
- North Carolina
- North Dakota
- Oklahoma
- Oregon
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Washington

17 Responses

- Arkansas
- Arizona
- California
- Florida
- Idaho
- Indiana
- Kansas
- Kentucky
- Minnesota
- Missouri
- Montana
- North Dakota
- Oklahoma
- South Dakota
- Tennessee
- Texas
- Washington

Major Trends

- Policies covering administration of RWP-B (12)
- Semiannual recertification (8)
- No reported problems w/ identity theft (16)
- No letter of denial from Medicaid required (11)

Major Trends (cont.)

- Access to system to verify Medicaid enrollment (10)
- Access to other government agencies' data (7)
- Citizenship not required (17)

Major Trends (cont.)

- Eligibility workers help consumers apply for Medicaid & other benefits (17)
- De-activate consumers when incarcerated (11)
- Services continue if local jail (6)

Major Trends (cont.)

- 10 States use rebate
- 5 States use direct purchase
- 2 States use combination or hybrid

Key Informant Interview--HRSA

- Best practice: Recertify every 6 months
- Minimum: Recertify annually
- Schedule re-certification interviews in advance
- Follow-up if no-show

HRSA (cont.)

- Remove consumer if re-certification not completed in reasonable timeframe
- Documentation maintained on file
- Non-eligibles removed from program but assisted to find other resources

HRSA (cont.)

- Monitoring of eligibility organizations
- Spot-check eligibility determinations
- Uniform application of requirements
- Uniform levels of expertise for eligibility workers

NASTAD

- MO's consolidated application & teambuilding w/ stakeholders may be example
- PA & CT coordinate benefits & share data
- Relationship w/ Medicaid Program is important
- No significant concerns among States about identity theft

ARIES

- HRSA Missing Data Report feature
- Protocols to use substitute info if consumer can't/won't provide
- Duplicate Merge feature
- No automatic cross-check w/ Medicaid but can download into other formats to facilitate cross-check

Assessment of Compliance

- Implemented 2006 recommendations
- Meets all HRSA expectations for eligibility except the cross-check w/ Medicaid

Strengths

- Knowledgeable eligibility workers
- Scheduling procedures ensure timely re-certifications
- Assistance to apply for other benefits

Strengths (cont.)

- Documentation is reviewed by sub-providers and NSHD
- Regular monitoring visits
- Working w/ other programs and stakeholders

Recommendations

- Establish procedure to cross-check w/ Medicaid
- Explore feasibility of accessing other data
 - Use stratified sampling
 - Check for additional income
 - Check for second home